



Effective Teaming with Deaf Interpreters Application

November 2-7, 2016

William Woods University, Fulton, MO 65251



WILLIAM WOODS
UNIVERSITY

REGISTRATION FORM (PLEASE PRINT CLEARLY)

Name _____
(Last Name) (First Name)

Address _____
(Street Address)

(City)

(State)

(Zip)

Work Phone _____ Home Phone _____

E-mail** _____ FAX _____

☐ Sign up for MCDHH Listserv

** Must provide e-mail address for confirmation of registration.

REGISTRATION PRICES:

Missouri Deaf/Hard of Hearing

☐ \$100.00

This rate is given to anyone who submits their registration **postmarked by October 24, 2016**

Do you have some experience with some CDI education?

☐ Yes

☐ No

Missouri Interpreters

☐ \$175.00

This rate is given to anyone who submits their registration **postmarked by October 24, 2016**
You must be Certified and Licensed to Participate

Are you Certified and licensed?

☐ Yes

☐ No

Out-of-State

☐ \$275.00 Deaf/Hard of Hearing

☐ \$350.00 Interpreters

This rate is given to anyone that is living outside of Missouri who submits their registration **postmarked by October 24, 2016**

Breakfast & Lunch will be included in registration. Would you like these meals provided? If no, meals will be on your own.

☐ Yes

☐ No

Dinner is on your own.

Please indicate if you have any special dietary needs. We will make every effort to accommodate you.
diabetic _____ vegetarian _____ Other _____

Make checks payable to: MCDHH/BCI Fund

Mail registration form and payment to
Missouri Interpreters Conference
3216 Emerald Lane, Suite B
Jefferson City, MO 65109

No refunds will be given

Contact Missouri Commission for the Deaf and Hard of Hearing by October 24, 2016 to request special accommodations for this event

Instructions: Applications are being accepted for a 48 hour Continuing Education Unit (CEUs). Please fill out and return the completed form along with the application fee to MCDHH. Fee payment must be in the form of a cashier's check or money order made payable to "MCDHH/BCI Fund". **NO PERSONAL CHECKS WILL BE ACCEPTED.**

FOR OFFICE USE ONLY
DATE RECEIVED

RECEIVED BY

AMOUNT PAID

CHECK/PO NUMBER

EXTRA LUNCH

EMAIL SENT/INITIALS